

CLERK, CHARLESTON,  
 2020 NOV -4 AM 11:58

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

*Bessie L. Johnson*

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

*Bessie P. Johnson*  
*April Clarke*

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**Complaint for Violation of Civil Rights**

(Prisoner Complaint)

2:20-cv-03831-RBH-MGB  
Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial:  Yes  No  
(check one)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

When submitted for filing, your complaint should be accompanied by the full filing fee or an application to proceed in *forma pauperis*.

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Beverly Johnson

All other names by which you have been known: 1114

ID Number H 275623

Current Institution Broad River Correctional Inst.

Address 4460 Broad River Road

Columbia, South Carolina 29210

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Beverly P. Johnson

Job or Title Director of SCDC

(if known)

Shield Number 1114

Employer S.C. Department of Corrections

Address 4444 Broad River Road

Columbia, South Carolina 29210

Individual capacity

Official capacity

Defendant No. 2

Name April Clarke, M.D.

Job or Title  
(if known)

Division Director of Health and  
Prisoner Services for SOCO

Shield Number

N/A

Employer

S.C. Department of Corrections

Address

4444 Broad River Road

Columbia, S.C. 29210

Individual capacity

Official capacity

Defendant No. 3

Name

N/A

Job or Title  
(if known)

Shield Number

N/A

Employer

Address

Individual capacity

Official capacity

Defendant No. 4

Name

N/A

Job or Title  
(if known)

Shield Number

Employer

Address

Individual capacity

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- Federal officials (a *Bivens* claim)  
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Violations of the Eighth Amendment at the  
Bogalusa Sheriff's Confinement and Correctional  
Facilities and Penitentiary

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendant shoves on April 15, 2018 order  
has security staff to stop it but while inmates  
are just mess were not decapitated & each other.  
Defendant Clarke is responsible for medical care.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee

- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain) Violation of Civil Rights

#### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

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- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

However, to the Plaintiff, the actions of Facility  
to provide adequate medical care for the Plaintiff  
violated, and continue to violate, the Plaintiff's  
rights under the Eighth Amendment to the U.S. Constitution

- C. What date and approximate time did the events giving rise to your claim(s) occur?

On July 15, 2018, to sign up for cell  
After seven weeks, the Plaintiff has received  
no response from the medical treatment.

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

On April 15, 2018 at Lee C.I. # Plaintiff  
died, to the death row staff of the facility  
"set back" and left the facility escape into -

into a bloodied and lacerated neck, while watching  
and doing nothing. However, to the extent,  
while Plaintiff watching from his cell, seeing  
inmates bleed being decapitated from their body,  
it caused a great & gross upon Plaintiff Plaintiff  
~~was subject to psychological or psychiatric treatment.~~

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

~~Plaintiff suffered severe physical, emotional  
distress and mental anguish; his health has  
been greatly impaired, by infections to muscles  
head being cut off from their body, to the  
extent Plaintiff will suffer additional emotional  
pain and mental anguish in future, as visualize  
these muscles head being cut off from their body;  
no one was ever psychological or psychiatric treat-  
ment.~~

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

~~Plaintiff requests to be award compensation  
damages in the following amounts: 1.05-5 Millions  
dollar, for the emotional distress and mental  
anguish. Plaintiff seeking to be award punitive  
damages in the following amounts: 10.0 Millions  
dollar from each 25 year defendant.~~

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

- Yes  
 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Please list if you were of Lee Correctional Institution when this incident occurred.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

- Yes  
 No  
 Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

- Yes  
 No  
 Do not know

If yes, which claim(s)?

N/A

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

- Yes  
 No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

However, to the effect, refused to provide prescribed pain medication once it was prescribed for my multiple seizures.

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2. What did you claim in your grievance?

The failure to administer medicine for Plaintiff Mo.

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3. What was the result, if any?

The warden failed to take action to curb for me to receive prescribed medical care by failing to give Plaintiff access to his medicines and to ensure that it was available in the pharmacy.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Plaintiff's file a Step 2, they agree with warden. the decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure; hereby acknowledge receipt of the officer's response and understand this is the Agency's final response to this matter.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

*N/A*

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

*N/A*

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*N/A*

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

*N/A*

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) *N/A*

Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)

*N/A*

3. Docket or index number

*N/A*

4. Name of Judge assigned to your case

*N/A*

5. Approximate date of filing lawsuit

*N/A*

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition. *N/A*

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

W/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes  
 No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_ D/A  
Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county and State)

PSA

3. Docket or index number

P/A

4. Name of Judge assigned to your case

W/A

5. Approximate date of filing lawsuit

11/4

6. Is the case still pending?

Yes  
 No

If no, give the approximate date of disposition. 11/4

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)  
W/L

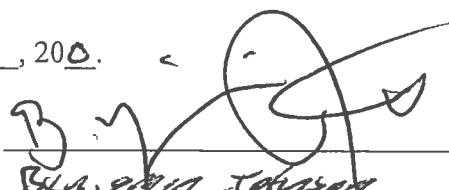
## IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Oct. 30, 2020.

Signature of Plaintiff 

Printed Name of Plaintiff BURGESS JAMES

Prison Identification # 2705623

Prison Address 1460 Black River Road

<u>Cohasset</u>	<u>S.C.</u>	<u>29210</u>
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City	State	Zip Code
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### B. For Attorneys

Date of signing: \_\_\_\_\_, 20 \_\_\_\_.

Signature of Attorney 

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address

✓/✓

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_